



POTENTIAL HAZARDOUS WASTE SITE
SITE IDENTIFICATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
WA D 027526797

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)

Clif's Battery Service

02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER

Rt. 2, Box 2002

03 CITY

Sunnyside

04 STATE

WA

05 ZIP CODE

98944

06 COUNTY

Yakima

07 COUNTY CODE

08 CONG DIST

09 DIRECTIONS TO SITE (Starting from nearest public road)

Scoon + Woodin Road at this intersection
Rt. 2, Box 2002 98944

III. RESPONSIBLE PARTIES

01 OWNER (If known)

Loren Rogers

02 STREET (Business, residential, mailing)

Rt. 2, Box 2002

03 CITY

Sunnyside

04 STATE

WA

05 ZIP CODE

98944

06 TELEPHONE NUMBER

()

07 OPERATOR (If known and different from owner)

08 STREET (Business, residential, mailing)

09 CITY

10 STATE

11 ZIP CODE

12 TELEPHONE NUMBER

()

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE

☐ B. FEDERAL:

(Agency name)

☐ C. STATE

☐ D. COUNTY

☐ E. MUNICIPAL

☐ F. OTHER:

(Specify)

☐ G. UNKNOWN

IV. HOW IDENTIFIED

01 DATE IDENTIFIED

12, 20 84

MONTH DAY YEAR

02 IDENTIFIED BY (Check all that apply)

☐ A. CITIZEN COMPLAINT

☐ B. INDUSTRY

☒ C. STATE/LOCAL GOVERNMENT

☐ D. AERIAL RECONNAISSANCE

☐ E. RCRA INSPECTION

☐ F. SURFACE IMPOUNDMENT ASSESSMENT

☐ G. OTHER EPA IDENTIFICATION

☐ H. OTHER

(Specify)

V. SITE CHARACTERIZATION

01 TYPE OF SITE (Check all that apply)

☐ A. STORAGE

☐ B. TREATMENT

☐ C. DISPOSAL

☒ D. UNAUTHORIZED DUMPING

☐ E. OTHER

(Specify)

02 SUMMARY OF KNOWN PROBLEMS (Provide narrative description)

595 ug/l lead

Buried Battery Casing, Electrolytes

03 SUMMARY OF ALLEGED OR POTENTIAL PROBLEMS (Provide narrative description)

VI. INFORMATION AVAILABLE FROM

01 CONTACT

Clar Pratt

02 OF (Agency/Organization)

WDOE

03 TELEPHONE NUMBER

(509) 575-2491

04 PREPARED BY

S. Milham

05 AGENCY

WDOE

06 ORGANIZATION

State

07 TELEPHONE NUMBER

(206) 459-6417

08 DATE

MONTH DAY YEAR

POTENTIAL HAZARDOUS WASTE SITE SITE IDENTIFICATION

General Information

The Potential Hazardous Waste Site, Site Identification form is used to record site location and related information about alleged, potential, or known hazards at the site when the site is initially identified.

General Instructions

Complete the Site Identification form as completely as possible. Add additional information as it becomes available. Additional information may be added by using another Site Identification form, completing only those items to be added, deleted, or changed. Mark the form clearly, using "A", "D", or "C", to indicate the action to be taken. The Site Source Data Report may be used if only data in the Site Tracking System (STS) are to be altered. Using the report, mark clearly the items to be changed and the action to be taken. Starred items (*) are required for the site to be added to STS. The system will not accept new sites with incomplete information.

Detailed Instructions

I. Identification

*I-01 State: Enter the two character alpha FIPS code for the state in which the site is located.

*I-02 Site Number: Enter the ten character alphanumeric code for sites which have a Dun and Bradstreet or EPA "user" Dun and Bradstreet number or the ten character numeric GSA identification code for federal sites. Numbers will be obtained through the Superfund coordinators in each Region.

II. Site Name and Location

*II-01 Site Name: Enter the legal, common, or descriptive name of the site.

*II-02 Site Street: Enter the street address and number (if appropriate) where the site is located. If the precise street address is inappropriate for this site, enter brief direction identifier, e.g., NW intersection I-295 & US 99; Post Rd, 5 mi W of Rt. 5.

*II-03 Site City: Enter the city, town, village, or other municipality in which the site is located. If the site is not located in a municipality, enter the name of the municipality (or place) which is nearest the site or which most easily locates the site.

*II-04 Site State: Enter the two character alpha FIPS code for the state in which the site is located. The code must be the same as in item I-01.

II-05 Site Zip Code: Enter the five character numeric zip code for the postal zone in which the site is located.

*II-06 Site County: Enter the name of the county, parish (Louisiana), or borough (Alaska) in which the site is located.

II-07 County Code: Enter the three character numeric FIPS county code for the county, parish, or borough in which the site is located. (The regional data analyst will furnish this data item.)

II-08 Site Congressional District: Enter the two character number for the congressional district in which the site is located.

II-09 Directions to Site: Starting from the nearest public road, provide narrative directions to the site.

III. Responsible Parties

III-01 Site Owner: Enter the name of the owner of the site. The site owner is the person, company, or federal, state, municipal or other public or private entity, who currently holds title to the property on which the site is located.

III-02 Site Owner Address: Enter the current complete business, residential, or mailing address at which the owner of the site can be reached.

III-06 Site Owner Telephone Number: Enter the area code and local telephone number at which the owner of the site can be reached.

III-07 Site Operator: If different from Site Owner, enter the name of the operator at the site. The site operator is the person, company, or federal, state, municipal or other public or private entity, who currently, or most recently, is, or was, responsible for operations at the site.

III-08 Site Operator Address: Enter the current complete business, residential, or mailing address at which the operator of the site can be reached.

III-12 Site Operator Telephone Number: Enter the area code and local telephone number at which the operator of the site can be reached.

*III-13 Type of Ownership: Check the appropriate box to indicate the type of site ownership. If the site is under the jurisdiction of an activity of the federal government, enter the name of the department, agency, or activity. If Other is indicated, specify the type of ownership and name.

IV. How Identified

*IV-01 Date Identified: Enter the date the site was initially identified to EPA or other responsible agency, e.g., a state environmental or health agency.

IV-02 Identified By: Check the appropriate box(es) to indicate how the site was initially identified to EPA or other responsible agency, e.g., a state agency.

V. Site Characterization

V-01 Type of Site: Check all appropriate boxes. If Other is indicated, specify the type.

V-02 Summary of Known Problems: Provide a brief narrative description of hazardous conditions known to exist at the site.

V-03 Summary of Alleged or Potential Problems: Provide a brief narrative description of hazardous, or potentially hazardous, conditions said, or claimed, to exist at the site.

VI. Information Available From

VI-01 Contact: Enter the name of the individual who can provide information about the site.

VI-02 Of: If appropriate, enter the name of the public or private agency, firm, or company, and the organization within the agency, firm, or company of the individual named as Contact.

VI-03 Telephone Number: Enter the area code and local telephone number of the individual named as Contact.

VI-04 Prepared By: Enter the name of individual who prepared the Site Identification form.

VI-05 Agency: Enter the name of the Agency where the individual who prepared the form is employed.

VI-06 Organization: Enter the name of the organization within the Agency.

VI-07 Telephone Number: Enter the area code and local telephone number of the individual who prepared the Site Identification form.

VI-08 Date: Enter the date the Site Identification form was prepared.